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MassHealth Customer Service Welcomes Partners/MassHealth Operations Work Group

October 16, 2006



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MassHealth Updates

New MMIS:

The implementation continues, but additional details, such as system edits, are not yet ready for communication. Additional information will be forthcoming.

MMIS implementation is scheduled for August 2007

National Provider Identifiers (NPI):

MassHealth has begun the process of collecting NPI numbers from providers. Formal directives on the application of NPI with MassHealth, as in a provider bulletin or transmittal letter, will be forthcoming.

****Please be aware that MassHealth, in collaboration with the Massachusetts Hospital Association, recently sent an email to all institutional hospital providers, requesting the reporting of NPI numbers to MassHealth by September 15, 2006.**

Claims Suspended with Error Code 100

Effective for claims processed on or after September 19, 2006, electronic claims with error code 100 (suspect duplicate) will now be suspended for review. This process eliminates the need to re-bill on paper and further streamlines the claim submission process.

Coordination of Benefits Agreement (COBA)

Effective September 1, 2006, MassHealth will implement the Coordination of Benefits Agreement (COBA). See All Provider Bulletin 158

Group Health Incorporated (GHI) has been selected by CMS as the national COBC.

- The COBC will cross over to MassHealth both paper and electronic claims for dually eligible members that were submitted to the fiscal intermediary, carrier, or DMERC (durable medical equipment regional carrier).

MassHealth will accept both Medicare paid and denied claims.

- Claims denied by Medicare will now be systematically translated to the appropriate MassHealth-specific claim type, and subsequently appear adjudicated on the corresponding (non-crossover) MassHealth remittance advice.

Please verify that MassHealth has your Medicare provider number(s) on file.

- To avoid delays in payment report any changes in your Medicare provider number(s) to MassHealth Provider Enrollment in a timely manner, and fax any changes to 617-988-8974.

For further information refer to the MassHealth Web site home page. Under "Online Services" click on

[Important Information About Medicare/MassHealth Crossover Claims.](#)

Provider File Integrity

Any change in your relationship with MassHealth must be communicated immediately in order to maintain accurate information on your provider file

Addresses for: legal entity, doing business as, check and remittance and informational mailing

- Telephone numbers
- Licensure and certifications

All updates must be submitted in writing to:

MassHealth

Attn: Provider Enrollment and Credentialing

PO Box 9118

Hingham, MA 02043

or faxed to 617-988-8974

(Include your MassHealth provider number on all correspondence)

Understanding COB Billing

The 837 and COB:

- HIPAA-compliant transaction to comply with electronic data interchange standards for submission of electronic claim file
- Allows provider to submit claims for members with other insurance electronically to MassHealth after billing all other payers. COB claims allow you to enter in the other payer's information electronically, eliminating the need to submit paper documentation of the EOB or EOMB.
- COB+837= less paperwork, increased efficiency, and faster receipt of your claim file!

Test and Production COB Files

MassHealth processes these claim files in a test environment and they will not be adjudicated in production

Once a test file is uploaded, the files will be reviewed within 2-3 business days.

MassHealth will contact the submitter to inform them of the testing outcome

- If test files are validated, the submitter can start submitting COB claims in approximately one week.
- If the test files fail to be validated, the submitter will be asked to correct the identified errors and resubmit a test file.

COB Resources

837 Implementation Guide specifies the required data elements.

- Available at www.wpc-edi.com/hipaa

837 Companion Guides outline the required MassHealth-specific data elements for test and production 837 files.

- The MassHealth **Companion Guides** are available for download from the MassHealth Provider Library, accessible under the “MassHealth Regulations and Other Publications” link on www.mass.gov/masshealth.

The following are MassHealth billing flyers that offer helpful tips for common issues related to COB billing

- How to Correct Error 503
- Third-Party Liability
 - These flyers are located in the “Billing Tips” section under the MassHealth Customer Service for Providers link on www.mass.gov/masshealth

Contact MassHealth at 1-800-841-2900, option 1 then 4 to begin utilizing coordination of benefits in your practice today!

Customer Web Portal (CWP)

Allows for Web access to documents that were only available by special request to the Publications department

- Offers the capability to complete and submit “Prescription for Transportation” (PT-1) requests online using the MassHealth Web site.
- **To access these features, you must have a Customer Service Web Account**
 - Go to www.mass.gov/masshealth
 - Click on “Order Provider Publications” in the [Online Services](#) box
 - Fill out the online form, which has space for you to indicate additional users. Then click send.

Preferred Communication Options

Choose to be notified of new MassHealth publications from one of three methods:

- Email Notification (fastest);
- Postcard Notification (up to 10 days later than email); or
- Paper copy of actual publication (up to 10 days later than email)

To sign-up, simply go to the MassHealth Web site and in the [Online Services](#) box and click on “Provider Preferred Communication Method” link.

Most Common Denials

103 - Duplicate Claim: The claim submitted is a duplicate of a claim previously paid for the same member, pay to provider number, and service date

Resolution: Post claims timely from your remittance advice. Allow 30-45 days for claims to process

296- Billing Deadline Exceeded: MassHealth allows 90 days from the date of service to submit the initial claim to MassHealth. Claims submitted after 90 days will deny for this error.

Resolution: Providers should follow the procedures to obtain a 90-day waiver as outlined in subchapter five of the provider manual, when applicable.

522 - Member Ineligible on Service Date: The member is not eligible for MassHealth for the service date(s) on the claim

Resolution: Verify member eligibility frequently. Check the Virtual Gateway for a pending application. If not, contact the member's local MassHealth Enrollment Center for assistance

Recent Publications

MassHealth Acute Outpatient Bulletin 17

September 2006

Correction for MassHealth Tobacco Cessation Counseling Benefit Chart

MassHealth All Provider Bulletin 159

September 2006

Managed Care Enhancements on REVS

MassHealth All Provider Bulletin 158

September 2006

Coordination of Benefits for Crossover Claims

MassHealth Dental Bulletin 36

September 2006

New Dental TPA for MassHealth Providers and Members

MassHealth Transmittal Letter ALL-142

September 2006

Revisions to Appendix Y Due to Commonwealth Care Coverage

MassHealth Transmittal Letter ALL-141

August 2006

Revised Appendix Y

Recent Publications

MassHealth Transmittal Letter ALL-140

Revised Appendix C

August 2006

MassHealth Transmittal Letter AOH-9

Revised Service Codes and Appendix F

August 2006

MassHealth Transmittal Letter PHY-113

2006 HCPCS Codes

August 2006

MassHealth Transmittal Letter PHY-112

Revised Regulations about New Tobacco Cessation Services: Correction

August 2006

MassHealth All Provider Bulletin 157

Requesting Non-Emergency Transportation for a Member Online

August 2006

MassHealth All Provider Bulletin 156

Downloading and Ordering Forms and Other MassHealth Publications Online

August 2006